

Receipt # _____

2006
TROY RECREATION DEPARTMENT

ADULT TENNIS LESSONS

BEGINNER & INTERMEDIATE

at the Troy City Park (possibly Duke Park)

NAME _____ PHONE _____

ADDRESS _____

CITY _____ ZIP _____

E-MAIL ADDRESS _____

ALLERGIC TO ANY MEDICATION? _____

DOCTOR'S NAME _____ PHONE _____

EMERGENCY CALL _____ PHONE _____

PLEASE CHECK SESSION:

_____ SESSION I: (Mon., Tues. & Wed.)
June 5, 6, 7 & 12, 13, 14
6:00 - 7:30 pm

_____ SESSION II: (Mon., Tues. & Wed.)
June 19, 20, 21 & 26, 27, 28
6:00 - 7:30 pm

WAIVER AND RELEASE

We, the undersigned being aware of the dangers inherent to the sport of tennis, do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants as a result of injuries incurred while participating in the tennis program.

Date _____

Signature _____
(signature of participant)

REGISTRATION FEE: \$27.00 PER SESSION

REFUND POLICY: The Recreation Department will make program refunds only for the following :

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement to that effect.

NOTE: Minimum number of registrations to hold a session as scheduled is four (4).